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### IMPORTANT NOTICE

### TELECOPY/FACSIMILE COVER LETTER

**TO:** U.S. Patent and Trademark Office  
Examiner: Steven Ho Yin Loke  
Art Unit: 2811

**DATE:** October 8, 2004

**FROM:** Dariush G. Adli  
Voice: (213) 337-6809, Fax: (213) 337-6701  
[dgadli@hhlaw.com](mailto:dgadli@hhlaw.com)

**TIME:**

**TOTAL NO. OF PAGES, INCLUDING COVER:**

9

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### MESSAGE:

Patent Application No.: 10/072,316; Our Ref. 81751.0029

I hereby certify that the following documents:

Amendment  
 Amendment Transmittal

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

October 8, 2004  
Date of Deposit

Rhonda Hurt  
Rhonda Hurt

TELECOPY/FAX NUMBER: 703-872-9306

CLIENT NUMBER: 81751.0029

ATTORNEY BILLING NUMBER: 5214

CONFIRMATION NUMBER: 571-272-1657 (return fax to Rhonda Hurt)

FORM PTO-1083

Attorney Docket No. 81751.0029  
Patent Application No. 10/072,316

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Junichi KARASAWA et al.

Serial No. 10/072,316

Filed: February 8, 2002

For: SEMICONDUCTOR DEVICE, MEMORY SYSTEM  
AND ELECTRONIC APPARATUS

Art Unit: 2811

Examiner: Steven Ho Yin Loke

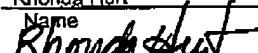
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Commissioner for Patents  
P.O. Box 1450  
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October 8, 2004

Date of Deposit

Rhonda Hurt

Name

 10/08/04

Signature

Date

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

 No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	15	-	48	++	0	LG=\$18 SM=\$9	\$0
INDEPENDENT CLAIMS FEE	1	-	3	+++	0	LG=\$86 SM=\$42	\$0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140	\$0
Independent Claims: 1						TOTAL	\$0

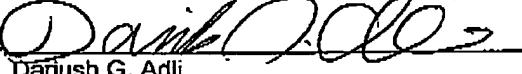
- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
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- A check in the amount of \$ 0 to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.
- Please charge the fee of    for the    extension of time to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

- Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON L.L.P.

By:

  
Dariush G. Adli  
Registration No. 51,386  
Attorney for Applicant(s)

Date: October 8, 2004

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Appl. No. 10/072,316  
Amdt. Dated October 8, 2004  
Reply to Office Action of July 8, 2004

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CENTRAL FAX CENTER Attorney Docket No. 81751.0029  
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:  
Junichi KARASAWA et al.  
Serial No.: 10/072,316  
Confirmation No.: 9698  
Filed: February 8, 2002  
For: SEMICONDUCTOR DEVICE, MEMORY  
SYSTEM AND ELECTRONIC  
APPARATUS

Art Unit: 2811  
Examiner: Steven Ho Yin  
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Rhonda Hurt  
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Rhonda Hurt 10/08/04  
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**AMENDMENT UNDER 37 C.F.R. § 1.116**

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Alexandria, VA 22313-1450

Dear Sir:

In response to the Final Office Action dated July 8, 2004, please amend the above-referenced application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.